

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000**

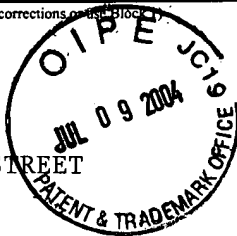
or **Fax**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections on this block.)

7590 06/01/2004

**INTELLECTUAL PROPERTY GROUP
MILLENNIUM PHARMACEUTICAL, INC.
40 LANDSDOWNE STREET
CAMBRIDGE, MA 02139**



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Express Label EV512402376US
Sean Hunziker (Depositor's name)
July 9, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/635,501	08/09/2000	Susan Acton	MNI-132CP3	5106

TITLE OF INVENTION: ANGIOTENSIN CONVERTING ENZYME HOMOLOG AND USES THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHISM, BILLY D	1654	514-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Millennium Pharmaceuticals, Inc.
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Millennium Pharmaceuticals, Inc. Cambridge, MA 02139

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501668 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Kerri Pollard Schray (Date) 7/9/04
Reg. No. 47,066

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

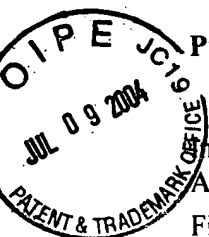
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/13/2004 HDEMES2 00000006 501668 09635501

01 FC:1501 1330.00 DA
02 FC:8001 9.00 DA

TRANSMIT THIS FORM WITH FEE(S)



Practitioner's Docket No. MPI97-035CP3M

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Acton, Susan et al.

Application No.: 09/635,501

Group No.: 1654

Filed: August 9, 2000

Examiner: Chism, Billy D.

For: ANGIOTENSIN CONVERTING ENZYME HOMOLOG AND USES THEREFOR

Mail Stop Issue Fee

Confirmation No. 5106

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith for this application is/are:
 - a. This Transmittal (1 page - in duplicate);
 - b. Transmittal of Payment of Issue Fee (1 page - in duplicate);
 - c. Part B - Fees Transmittal (1 page - in duplicate); and
 - d. Return Postcard.

STATUS

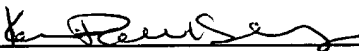
2. Applicant is other than a small entity.

FEE DEFICIENCY

3. If any additional extension and/or fee is required, charge Account No. 501668.
If any additional fee for claims is required, charge Account No. 501668.

July 9, 2004

MILLENNIUM PHARMACEUTICALS, INC.

By 

Kerri Pollard Schray

Reg. No. 47,066

40 Landsdowne Street

Cambridge, MA 02139

Telephone - (617) 551-3676

Facsimile - (617) 551-8820

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

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37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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- ☐ transmitted by facsimile to the Patent and Trademark Office.


Signature

Date: July 9, 2004

Sean Hunziker

(type or print name of person certifying)

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P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. Section 1.18(a)):

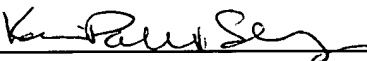
Regular

Application status is other than a small entity--fee: \$1,330.00
3. Payment of fee: Charge Account No. 501668 the sum of \$1,339.00 (includes Issue Fee of \$1,330.00 and Fee of \$9.00 for 3 soft copies.)
(A duplicate of this request is attached.)

July 9, 2004

MILLENNIUM PHARMACEUTICALS, INC.

By



Kerri Pollard Schray

Reg. No. 47,066

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Cambridge, MA 02139

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